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ABSTRACT

A project produced two instructional films on preschool deaf children. Both were black and white sound films about 30 minutes long. Evaluation followed completion of the active phase of film making. Designed to aid in professional education and program development, the two films presented principles of parent-child programs and demonstrated audiological procedures. The major part of the filming was done at an intensive, 2-week residential program for deaf preschoolers and their parents. Evaluation indicated favorable opinions of the films. Announcer scripts for the two films are appended along with the evaluation sheet. (Author/JD)

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FINAL REPORT

Project No. 6-1186

Grant No. 32-48-0720-6010

TWO INSTRUCTIONAL FILMS ON PRE-SCHOOL DEAF CHILDREN

Bruce M. Siegenthaler

and

Leslie P. Greenhill

The Pennsylvania State University
University Park, Pennsylvania

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U.S. DEPARTMENT OF
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Office of Education
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SUMMARY

This is the final report of the U. S. Office of Education Project No. 6-1185 (U. S. Office of Education Grant No. 32-48-0720-6018) "Two Instructional Films on Pre-School Deaf Children". The project was to produce two black and white sound films each approximately a half hour in length. The inclusive dates of the active phase of the project were 1 February 1966 through 31 January 1967. A part of the project was a follow-up evaluation with a report to be submitted between 24 and 30 months following completion of the active phase of the film making.

A brief resume was given for the rationale for producing these films, centering around the need for early work with pre-school deaf children and their parents, the need for additional programs which will do this work, and the need for the training for professionals in this area. The films were intended to contribute to the training of professional workers with pre-school deaf children and their parents, and to give guidelines for and to stimulate the establishment of such programs.

The two films titled, "Principles of Parent-Child Programs for the Pre-School Hearing Impaired", and "Audiological Procedures with Pre-School Deaf Children" were described. Some filming was done at the Speech and Hearing Clinic of The Pennsylvania State University. The major part of the filming was done at an intensive residential two-week program for pre-school deaf children and their parents. Some follow-up filming was done at a school for the deaf and at a county hearing society program.

The films were evaluated by staff at Penn State and by USOE consultants. Some revisions, especially in the film on program principles, were done after initial phases of the evaluation.

Following completion of the filming, they also were given written evaluations, on a prepared form, by several hundred viewers.

The impression gained from a tabulation of the evaluations is favorable towards the films as to content, and usefulness in professional training of therapists, teachers, and others.

The films are being used on an increasingly widespread basis as their availability becomes known. They are distributed through the Psychological Cinema Register, Audio Visual Services, The Pennsylvania State University.

CHAPTER I. INTRODUCTION AND PROBLEM

Introduction

This is the final written report for the U. S. Office of Education Project conducted by The Pennsylvania State University, entitled "Two Instructional Films on Pre-School Deaf Children". (Project No. 6-1186; Grant No. 32-48-0720-6010).

The units of the Pennsylvania State University making the films were the Speech and Hearing Clinic (Speech Pathology and Audiology Program) and the University Division of Instructional Services, Motion Picture Services.

The major filming site was at Harmony Hall Hearing Program, a parent-child institute held in a camp-like setting near Harrisburg, Pa., with major support by the Pennsylvania Easter Seal Society, the Pennsylvania Department of Health and The Pennsylvania State University, and additional support from the Pennsylvania Academy of Opthalmology and Otolaryngology.

The duration of the project was February 1, 1966 through January 31, 1967. During this period the films were planned, the shooting was done, and the films were produced in their final form and given preliminary evaluations prior to general distribution.

Because of the nature of this project, namely the production of two films, the films themselves can properly be considered to be the final report. A copy of each film in final form was submitted to and approved by the U. S. Office of Education.

Part of the project was an evaluation of the films to be done during the two years following their completion, with a summary report to be submitted approximately thirty months after completion of the films. The present document is intended to fulfill that clause of the contract.

The Problem

The educational advantage of work with hearing handicapped children during their pre-school years is well recognized, as is the merit of concurrent work with their parents. This has led to the establishment of a number of special programs for these children and their parents, pioneered by the John Tracy Clinic program. (Although about fifty of the public residential schools for the deaf in the United States accept pre-school age children, and although there are a number of day schools and classes for pre-school children, such programs usually are not of the parent-institute type.) A pattern for the programs, commonly called Parent Institutes, is for parents and their young hearing impaired children to attend a series of examination-discussion-training sessions, although some are limited to parent participation only. Some of the programs are at schools for the deaf, university speech and hearing clinics, or in hospital settings; others are in Easter Seal Clinics or hearing society facilities. While an accurate count of such programs is not available, our best information is that they number no more than about fifteen throughout the nation. These parent institute programs are supplemented by the out-patient work, usually on an individual basis, of audiology clinics which accommodate young children and their parents, and by some schools for the deaf.

There remains a lack of adequately trained personnel to provide the quality and quantity of appropriate service to pre-school deaf children and their parents. This film-making project was designed to contribute to the training of personnel for this work, and to the development of additional program facilities.

It is axiomatic that the pre-school hearing impaired child and his parents require the services of a number of specialists working concurrently and in a coordinated manner. The areas of need include otological and other medical services, audiological services, counseling for the parents, and pre-school educational experiences for the child including hearing tutoring and nursery school. Some of the parent institute programs have attempted to provide all of these services, while others have a more limited scope.

While the values of such interdisciplinary programs are generally not denied, there is a lack of instructional materials useful in the professional training of specialists to teach the desired interdisciplinary aspects of the work, the unique contributions of each of the specialists, and how effective comprehensive programming can be implemented.

While there are a number of films available on the technical aspects of otological and audiological practice and there are films on nursery school and psychological procedures, little has been previously available which demonstrates how these specialities can contribute in a coordinated way to a program for the pre-school hearing impaired child and his parents.

The long range intent of the current project is to produce a series of five films on work with pre-school hearing impaired children and their parents. These are: a) principles of comprehensive programs, b) audiological procedures, c) nursery school for deaf children, d) psychological procedures, and e) parent counseling. The role of medical specialists will be recognized and included in the films, but present intent is not to make medical aspects the subject of a separate film, because, in the main, active medical treatment precedes longer range follow-up counseling and educational management. The present project was to make the first two films, namely those dealing with program principles and audiological procedures.

The Objectives of the Films

The production of these films and their distribution is intended to provide instructional materials for students and for practicing professionals, and to provide guidelines for the development of new programs. By these means assistance will be given in the provision of adequate services for pre-school hearing handicapped children and their parents, and in the professional training of persons to work with these individuals.

The film on program principles emphasizes the following:

A. Long range and continuing needs of pre-school children who present hearing dysfunction,

B. The contributions of various professional specialists to the child and parent,

C. The potential for and practical aspects of interprofessional cooperation toward a common goal,

D. The importance of intensive observation, testing, and interviews with both children and parents,

E. The importance of observation, testing, training, and counseling in a naturalistic setting over a period of time, and

F. The contributions of a volunteer agency to such a program.

The film on audiological procedures emphasizes the following:

A. The contribution of the audiologist in a program for pre-school hearing impaired children and their parents,

B. The wide range of audiological procedures appropriate for pre-school children and demonstration of specific testing techniques,

C. The possibilities for adapting available facilities to the testing of pre-school children,

D. The importance of behavioral observations in a variety of settings,

E. Interdisciplinary cooperation among specialists in a program, and

F. A variety of audiological, behavioral and test findings among children, especially those who present atypical pictures of hearing disorders.

CHAPTER II. PROCEDURES

Description of Program Filmed

Preliminary photography for early scenes in the films was done at the Speech and Hearing Clinic of The Pennsylvania State University, University Park, Pa.

An especially interesting hearing impaired child was photographed for this purpose, with the expectation that she and her mother would be in the program which followed; however, the family cancelled at the last minute, and following the same child further was not possible. The child showed such interesting behavior in the clinic that the in-clinic scenes were found to be very useful to demonstrate the importance of longer range observations and work with mother and child.

The work for the body of the films was done at the Harmony Hall Hearing Program. The facility is owned by the Pennsylvania Easter Seal Society, which also provides housekeeping care, food, and other administrative requirements for the program.

The professional program for parents and their children is the responsibility of The Pennsylvania State University, Speech Pathology and Audiology Program, with support from the Pennsylvania Department of Health and additional financial support from the Pennsylvania Academy of Opthalmology and Otolaryngology. Modest fees are paid by the families, or in their behalf.

The site of the program is a forty acre rural area. Facilities include a large house for staff, dining room, infirmary, storage; a one-story dormitory-lodge for 20 children and their mothers; a barn which has been reconditioned into an office, nursery school, psychological testing rooms, and hearing tutoring rooms with porch areas; and an outdoor swimming pool and play areas with equipment and sandboxes. Testing, training, and play equipment either is kept on the site and stored when not in use, or is brought from Penn State or the Pennsylvania School for the Deaf (which also cooperates in making available teachers to act as hearing tutors in the program).

In addition to the housekeeping and administrative staff provided by the Easter Seal Society directly, there is a professional staff consisting of a Ph.D. audiologist as director, a Ph.D. clinical audiologist, a Ph.D. clinical psychologist, a fully trained and experienced nursery school director holding the master's degree, and two trained and experienced teachers of the deaf who have done extensive work with pre-school children. These senior staff members direct the activities of a nursery school assistant, two psychological assistants, an assistant audiologist, and ten graduate student assistants who are trained in deaf education and audiology. A pediatrician examines each child on the site and consults with the staff. Visiting speakers participate as consultants and as participants in parent programs. The senior professional staff hold intensive training sessions for junior staff members.

The aims of the program are to provide the following:

A. An intensive parent program to:

1. Instruct parents about specific procedures for auditory training, use of hearing aids, language development, speech training, speech reading instruction and child management; and, to assist them in learning to use these procedures in a supportive and continuing home training programs.

2. Instruct parents through observations in nursery school and hearing training situations, lectures, demonstrations, movies and discussions, about principles of child care and child behavior, specific problems of hearing handicapped children, general educational procedures, sources of help, etc.

3. Discuss with parents, as fully as is consistent with good practices, the hearing, language, mental, social, and emotional status of their child, and their implications.

4. Help parents work out a good adjustment for themselves and their families.

5. Give parents opportunities to spend a maximum part of each day with the child learning to enjoy, understand and help the child develop.

6. Provide parents an opportunity to meet with other parents to discuss mutual interests and problems.

B. A coordinated Child Program to:

1. Continue previous experience and training, or to initiate such experience and training where they have not been done before.

2. Review residual hearing, mental development, language and speech development, social and emotional development for those children with previous adequate diagnosis; continue comprehensive diagnosis when necessary; and detect involvements other than hearing defects.

3. To assist in outlining an adequate educational and audiological program for the immediate future of the child, and to prepare for long term education in coordination with the child's home, clinic, or school facility.

Prior to the program, children and their parents are seen at various audiological clinics for preliminary hearing testing, otological examinations, otological treatment where indicated, and other preliminary workup including case history and psychological testing.

Many of the children are enrolled in parent counseling and auditory habilitation programs at their local audiology facilities. These programs recommend children to Harmony Hall for further work to supplement

that already in progress. A formal referral procedure is followed from the audiology clinic to the Harmony Hall program director. Criteria of admission are as follows:

A. Child must be over two and under six years of age.

B. Child must have sufficient disturbance of auditory function to interfere with the development of speech and language.

C. Child apparently must be free from severe additional disorders (for example, blindness or cerebral palsy).

D. Child must appear to be educable.

E. Child must be free from communicable diseases or active medical conditions of the ears requiring continued treatment other than can be given on a monitoring basis during the program.

F. Child must be accompanied by mother or mother figure who also will be in residence during the program, and who has the potential for benefiting from the program.

The children, of both sexes, present a variety of audiological problems, although most are peripherally deaf.

The mothers and their children are in full-time residential attendence for two weeks in June. Fathers attend the program over the weekend, and participate as much as possible during that time. Each child is in nursery school four hours per day, during which time he receives two hearing tutoring sessions. He also is given psychological and audiological testing as is appropriate and needed for him, and a pediatric examination. Mothers do directed observations of their own and other children, participate in individual and group counseling sessions led by clinical psychologists and by other senior staff members, and assist in nursery school work. Each evening there is a general parent meeting led by a senior staff member, dealing with some specific aspect of the program. Dining room and recreational activities supplement the more formal parts of the program and give

many opportunities for behavioral observations of the mother and child as well as for formal and informal parent conferences with staff.

The professional director conducts frequent staff conferences on each child and mother. Comprehensive reports are prepared for each area of activity, and a summary impression-recommendation report is prepared and given to the parents. This report is the subject of a final individual conference with the parents. The comprehensive professional reports are sent to the referring audiology clinics, schools for the deaf, physicians and other interested professional people who will be responsible for the continued follow-up programs for children and parents.

Filming Procedures

Prior to beginning the photography, the producer-director conferred with the project directors to outline major aspects of the project, to hold preliminary discussions regarding problems of filming, and to prepare for the intensive filming to be done later. The program audiologist served as filming consultant, and he played an important role in advising on film editing and narration. Preliminary work was done at the site to prepare for the demands of motion picture photography. Extra power lines were placed, certain areas were repainted, and the film crew acquainted themselves with the facilities and potentialities of the site. Several days before the parents and children arrived at camp, the film crew moved in equipment and made other necessary last minute preparations.

The professional crew from the University's Motion Picture Services were Eric B. Willcocks, Producer-Director; D. P. Duvall, Chief Cameraman and Editor; Calvin E. Conklin, Cameraman; Gerald Hutchinson, Sound Engineer; Tony Midson, Assistant Director and Cameraman.

The equipment was prepared and put on site, and was in operation when the children arrived with their parents on Sunday, June 12, 1966, to begin the two week period. Although early in the program children showed some curiosity and distraction because of the presence of the equipment, they quickly adapted to it and it was

found that rarely was the presence of the film crew or of the equipment a distracting factor which influenced the behavior of the child. By judicious placing of equipment, by the constant presence of the film crew, and by the use, in some cases, of long range lenses, all of the filmed behavior of the children was naturalistic and occurred without prompting or rehearsal.

The intent of the crew was to be at advantageous positions throughout the program, to anticipate interesting and meaningful behavior by the children, and to take relatively large amounts of film for later editing. Two camera units were operating much of the time.

An early decision was not to use color film, although this had been suggested. The rationale for using black and white, according to our educational film consultants, was that despite the apparent visual attractiveness of a color motion picture, unless color is an important factor for carrying forward the theme of a film, it too often is a distraction to the educational message of the film.

During the two week camp, each day's exposed film was immediately sent to the processing laboratory. Because the film was returned the second day after it was taken, it was possible to look at the unedited film and to improve filming techniques later in the program and to plan for certain additional pictures of the children. A total of approximately 24 hours of film was exposed.

It was possible to plan staff meetings to be filmed; however, they were not rehearsed but rather filmed as they occurred in the real situation.

Following completion of the shooting at the program site and preliminary editing of the films, a follow-up filming trip was made to Lancaster, Pennsylvania where a hearing program is located. Some follow-up shots were made of a child returning there. Also, to complete the picture a crew went to the Pennsylvania School for the Deaf in Philadelphia to take certain shots of the activities there.

Because most of the filming was done with synchronous or "lip-sync" sound, it was possible to select scenes which had both visual and sound appropriateness. However,

in a few instances it was found advisable to dub in sound later. (For example, some of the audiometric tests under earphones were accompanied by dubbed-in tones for the benefit of the viewer.)

Also, professional confidence was observed in the psychological counseling sessions with parents. The filming for these sessions was done without sound. Later the staff made recordings of edited comments made by parents during these sessions, and these were added but without identification of voices with faces of parents.

Prior to beginning any filming, the complete project and its purposes were explained to all the parents and staff, and permission was obtained from all to film them and the children. The understanding was that the films would be shown to professional audiences. We have continued to honor this commitment, and for example, have refused to approve this film for showing on open circuit television where it might be viewed by non-professional audiences, or where adequate professional preparation and monitoring could not be given.

A preliminary copy of the program principles film was submitted to the U. S. Office of Education for critique, and a preview showing at Penn State was arranged for an invited professional audience. The critiques obtained were considered as final editing of the film was done.

Following final editing of the films, inclusion of titles, background music and so forth, the finished film and sound tracks were deposited with the laboratory with which the Penn State Motion Picture studio ordinarily deals. (Precision Film Laboratory, 21 West 46th Street, New York, New York)

It would be impractical to include a complete print of each film with this final report. The reader may obtain a general impression of the content of the films by referring to Appendix A and Appendix B.

Appendix A is the narration script used by the narrator (a professional radio announcer) for the "voice-over" sections of the film. This film "Principles of Parent-Child Programs for the Hearing Impaired" has a running time of approximately 28 minutes.

Appendix B gives the recording script for the second film "Audiological Procedures with Pre-School Deaf Children". In this film the announcer read the early parts of the "voice-over" script, and the program audiologist, (Dr. George Haspiel) read those parts which described the audiological procedures. This was a technique intended to give a degree of realism as well as of variety to the narration. The running time for this film is approximately 30 minutes.

Film Distribution

Arrangements were made for the two films to be distributed through the Psychological Cinema Register, a unique collection of films in the behavioral sciences, operated on a non-profit basis by The Pennsylvania State University.

Announcements of each of the films were mailed to a large number of speech and hearing training programs. They also appeared in Asha, a journal of the American Speech and Hearing Association, and in several other professional society journals. The announcements read as follows.

> "Principles of Parent-Child Programs for the Pre-School Hearing Impaired" (Psychological Cinema Register Number 2166)
>
> This film is 28 minutes in length, black and white, sound. Most of the film footage was shot at a two week residential program for pre-school hearing impaired children and their parents.
>
> The film contrasts the difference in audiological work with young hearing impaired children and their parents in the usual clinical setting and the work which can be done in an intensive program with parents present at all times.

The film is narrated for much of its duration, but also contains considerable portions of live-voice recordings. Brief demonstrations are given of hearing testing, nursery school activities, hearing tutoring activities, psychological counseling of parents and testing of children, and general aspects of a parent institute type of program.

The film emphasizes several general principles that should pervade all such programs. These include the requirement for working with parent and child over an extended period of time sufficient to allow for multiple observations in a number of situations, and for the emergence of the child's typical and natural behavior. The importance of a multi-disciplinary approach, with specialists working together in a closely coordinated program also is emphasized. A professional staff meeting briefly illustrating contributions of various specialists is demonstrated.

Purchase price $46.00; costs for rental $6.00. From Audio Visual Services, Willard Hall, University Park, Pa., 16802.

"Audiological Procedures with Pre-School Deaf Children" (Psychological Cinema Register Number 2165)

This is an approximately thirty minute black and white, sound film. Much of the film is narrated, but there are considerable portions of live voice recordings.

The film follows three children of pre-school ages as they participate in a two week program for pre-school hearing impaired children and their parents. The emphasis is upon audiological procedures, leading to differential diagnosis by extensive descriptions of each child's auditory status. Emphasis is not on how to give a hearing test, but rather on the audiological considerations, varieties of test behavior, and interpretation of behavior. Each child presents a different audiological picture. The film also emphasizes the importance of other aspects

of evaluating such children, including behavior in nursery school, standard psychological test procedures, and responses to hearing tutoring procedures. The importance of an interdisciplinary staff conference regarding each child is included.

Purchase price $56.00; cost for rental $6.00. From Audio Visual Services, Willard Hall, University Park, Pa., 16802.

In addition to providing a copy of each finished film to the U. S. Office of Education, copies are at the Speech and Hearing Clinic of Penn State, where they are being used regularly in preparing speech pathologists, audiologists, educators of the deaf, special education teachers, and school psychologists.

One copy of each film was provided initially to the Audio Visual Services Library of The Pennsylvania State University, where they are listed in their film catalogue. Both films are also listed in the Penn State Psychological Cinema Register which reaches some 7000 professional users in the U. S. and abroad.

Because of demand for showings, the Library purchased seven additional copies of the program principles film, and eleven additional copies of the audiological procedures film. The library reports that by January 15, 1969 the films have been sent to 31 different states, plus India, for a total of 77 times (37 showings for program principles; 40 showings for audiological procedures).

Other showings to off-campus groups by Speech and Hearing Clinic staff in the course of their professional activities number 21 (both films combined), using the Clinic owned copies.

In December of 1967, Captioned Films (c/o New York School for the Deaf, White Plains, N. Y.) was notified of the availability of the films.

To date, prints of the program principles film have been purchased by:

Pennsylvania Society for Crippled Children
Harrisburg, Pennsylvania

University of Montana
Missoula, Montana

University of South Florida
Tampa, Florida

State Division of Vocational Education
Trenton, New Jersey

Kent State University
Kent, Ohio

Institutions
Denver, Colorado

Allegheny County Board of School Directors
Pittsburgh, Pennsylvania

Southeast Alaska Instructional Materials Center
Juneau, Alaska

Villore Christian Medical College Board
New York, New York

Prints of the audiological procedures film have been purchased by:

North Eastern Missouri State Teachers College
Kirksville, Missouri

Villore Christian Medical College Board
New York, New York

University of Montana
Missoula, Montana

Queen's College
Flushing, New York

Department of Public Health
Albany, New York

University of South Florida
Tampa, Florida

Frederick Burk Foundation for Education
Daly City, California

Southeast Alaska Instructional Materials Center
Juneau, Alaska

Special Education Resource Center
Harrisburg, Pennsylvania

City College Library
New York, New York

CHAPTER III. FILM EVALUATION

It was originally planned that for each showing, questionnaire blanks would be included asking that the viewers evaluate each film. However, as the project developed, a modification of this plan was put into effect. Initially, the film was carefully viewed and evaluated by the project personnel, and Motion Picture Services personnel. Also, the project directors obtained the benefit of a report from staff of the U.S. Office of Education, with the evaluations based upon staff opinion and after showing the films to a number of professional consultants to the U.S. Office of Education. This critique and opportunity for outside opinion early in the final phase of film completion was not anticipated as the project was first proposed. We are not able to report the exact evaluations of the films made at the U.S. Office of Education or by its consultants. Rather, the project directors were informed of the comments as well as of the recommendations growing out of the Office of Education evaluations. The audiological procedures film was not given further editing. However, on the basis of the comments the film on program principles was re-edited, some scenes were added or deleted, and a renarration was done of the entire film.

It was found that the mechanics of sending out the questionnaires with the films and especially of getting them back were such that the returns were relatively low. Rather, more productive evaluations using the evaluation forms and follow-up discussions were obtained by the principal investigator and other members of the staff of The Pennsylvania State University as they used these films in their teaching and lecture programs. In addition, on a number of occasions, the films were mailed out personally by the principal investigator and forms for evaluations were enclosed and returned for those showings. It was quickly discovered that no additional evaluation information was being obtained in the later film evaluation report sheet. Several hundred evaluation sheets were completed, as reported below by the time it was decided to terminate this effort.

Appendix C is a copy of the single sheet "Film Evaluation" form which was used for viewer evaluation.

This form was used as the films were shown to professional groups and to students. Table 1 gives a resume by number and per cent of viewers who evaluated "Principles of Parent-Child Programs for Pre-School Hearing Impaired Children" (Number of respondents 288). Table 2 presents the evaluations of the film "Audiological Procedures with Pre-School Deaf Children" (Number of respondents 263).

Table 1. Viewer evaluation of "Principles of Parent-Child Programs for the Pre-School Hearing-Impaired" (Number of respondents 288).

This film:

2% a. Contributes little if anything to understanding of the field
50% b. Makes some contribution to understanding of the field
47% c. Makes a substantial contribution to understanding of the field
1% No Response

This film is:

76% a. Best considered an adjunct to a formal presentation by a speaker in the areas and principles shown
22% b. As good as, if not better than, seeing the same kind of program and procedures live in their real setting
1% c. Not worth showing
1% No Response

I rate this film as:

59% a. Excellent 28% b. Good 12% c. Fair 1% d. Poor

This film (check each category):

82% a. Was interesting
3% b. Was uninteresting
12% c. Was of medium interest
3% No Response

15% a. Presented ideas too rapidly
2% b. Presented ideas too slowly
74% c. Was paced about right
9% No Response

24% a. Did not go deeply enough into the subject
____ b. Went too deeply into the subject
69% c. Was about right as to technical aspects
7% No Response

(Table 1 continued)

The film is best suited for:

8%	a.	Advanced students
23%	b.	Intermediate students
34%	c.	Beginning students
8%	d.	Persons already engaged in practice in the field
15%	e.	Laymen
7%	f.	Others
2%		No Response

I am in the field of:

35%	a.	Deaf Education	22%	e.	Speech-hearing
4%	b.	Nursery School	1%	f.	Nursing
3%	c.	Audiology	4%	g.	Volunteer agency
5%	d.	Psychology		h.	ENT
	i.	Pediatrics	3%		No Response
	j.	Neurology			
1%	k.	General Medical			
22%	l.	Other (_____)			

I am:

1%	a.	Parent of a deaf child	27%	d.	Student
3%	b.	Interested Layman	1%	e.	Physician
8%	c.	Teacher of college students	15%	f.	Therapist
1%	g.	Nurse	2%		No Response
33%	h.	Teacher of Children			
9%	i.	Other (_____)			

I am:

10%	a.	Near the beginning of my professional training
15%	b.	Near the middle of my professional training
14%	c.	Near the end of my professional training
50%	d.	Practitioner in my field
11%		No Response

As a teacher I feel this film is:

54%	a.	Very useful
16%	b.	So-so
6%	c.	Of no value to my students
24%		No Response

Table 2. Viewer evaluation of "Audiological Procedures with Pre-School Deaf Children" (Number of respondents 263).

This film:

____a. Contributes little if anything to understanding of the field
39% b. Makes some contribution to understanding of the field
60% c. Makes a substantial contribution to understanding of the field
1% No Response

This film is:

73% a. Best considered an adjunct to a formal presentation by a speaker in the areas and principles shown
25% b. As good as, if not better than, seeing the same kind of program and procedures live in their real setting
____c. Not worth showing
2% No Response

I rate this film as:

32% a. Excellent 63% b. Good 4% c. Fair ____d. Poor

This film (check each category):

87% a. Was Interesting
____b. Was Uninteresting
10% c. Was of medium interest
3% No Response

6% a. Presented ideas too rapidly
2% b. Presented ideas too slowly
80% c. Was paced about right
12% No Response

15% a. Did not go deeply enough into the subject
____b. Went too deeply into the subject
76% c. Was about right as to technical aspects
9% No Response

(Table 2 continued)

The film is best suited for:

9% a. Advanced students
45% b. Intermediate students
17% c. Beginning students
18% d. Persons already engaged in practice in the field
2% e. Laymen
3% f. Others
6% No Response

I am in the field of:

6% a. Deaf Education
1% b. Nursery School
4% c. Audiology
3% d. Psychology
72% e. Speech-hearing
5% f. Nursing
5% g. Volunteer agency
____ h. ENT
1% i. Pediatrics
____ j. Neurology
____ k. General Medical
3% l. Other (_____)

I am:

____ a. Parent of a deaf child
____ b. Interested layman
3% c. Teacher of college students
34% d. Student
____ e. Physician
58% f. Therapist
____ g. Nurse
4% h. Teacher of Children
1% i. Other (_____)

I am:

10% a. Near the beginning of my professional training
22% b. Near the middle of my professional training
20% c. Near the end of my professional training
48% d. Practitioner in my field

As a teacher I feel this film is:

62% a. Very useful
9% b. So-so
2% c. Of no value to my students
27% No Response

Evaluation of these tables, the authors believe, should be left largely to the readers of this report, partly because of necessity this type of data is largely subjective and does not lend itself readily to objective or statistical analysis, and also because the authors' personal interest in the project would perhaps unduly influence their interpretation of the data.

(An inspection of the data for both of the films indicates a preponderance of the evaluations in categories which we believe are gratifingly favorable towards the films. The principal investigator, especially, has used the films extensively in his professional teaching work and he has felt that they have contributed to the knowledge of the students and to the effectiveness of the teaching. Similar comments have been received gratuitously from a number of other sources.)

APPENDIXES

APPENDIX A

ANNOUNCER SCRIPT FOR FILM

"PRINCIPLES OF PARENT-CHILD PROGRAMS FOR THE PRE-SCHOOL HEARING IMPAIRED"

In dealing with the young, hearing-impaired child, we are faced with special problems. These often cannot be solved in the conventional audiology clinic even by skillful audiologists using conventional test procedures, and with the limitations imposed by the usual clinic program.

A clinic visit is often a "dress up and best behavior" affair, not conducive to adequate audiological assessment, and with the work adversely influenced by travel and schedule limitations.

We cannot be sure that responses during the clinic visit are typical of the child's daily life.

It often takes repeated parent contacts to bring parents to a realistic understanding of the child. After other clinic procedures are completed, it may be almost impossible to maintain the parent's undistracted attention.

One solution to these, and similar problems, is a program which offers more intensive and natural contacts with children and their parents over a longer period of time.

It is the purpose of this film to illustrate desirable principles of work with pre-school hearing-impaired children and their parents, in non-medical, aural habilitation settings. These principles are important, regardless of specific program setting, and should be attempted in all aural habilitation programs.

For fifteen years, the Pennsylvania Easter Seal Society and the Speech and Hearing Clinic of The Pennsylvania State University have operated a two week Summer Camp at this site for young hearing-impaired children and their parents.

The children served are those whose medical etiologies have been determined, who are not being treated for active ear disease and who need to be engaged in an educational program. While a program such as this has as its principal purpose helping families with deaf children, it also may be used as a training opportunity for graduate students in audiology, education of the deaf and related fields.

A modest fee makes families feel that they have an investment in a program -- in cases of need, funds should be available to meet this from such organizations as the local Easter Seal Societies or other service groups.

The few formal admission procedures are important.

Fathers get their families settled; but then unfortunately because of work it is necessary for them to leave until the next weekend.

In a well-planned program the parents should receive a clear presentation of what they may expect in the coming days. At Harmony Hall they are told that their children will have frequent audiological examinations, that there will be individual tutoring sessions, that the Nursery School will meet daily and that many of the children will be seen by the staff psychologists.

For mothers there will be group and individual counseling sessions. This is the first of a series of evening meetings for parents. While a program should be enjoyable, and there needs to be relaxation, most of the time will be spent working on the problems of mutual concern.

In any program the participants are reserved at first, but they relax if there is adequate time for accommodation -- and most children can be relied on eventually to forget their best behavior.

Important to a diagnostic or treatment program are opportunities to observe spontaneous play, which confirms or denies previous impressions or information.

Parent conferences should be held early, in a relaxed informal manner.

TAPED INSERT

Despite the mother's report, her boy was shy and stayed with her, and did not participate in the Nursery School, as other children did even early in the session.

While part of a program should be diagnostic, other considerations, including training of children and counseling of parents must be included. Nevertheless, there must be time to accustom the child to audiometric procedures, perhaps using unorthodoxed testing methods, such as tones administered free field through earphones or loud speakers.

When a child tires, she should be allowed to go, without a requirement to keep her beyond the point of meaningful responses.

A child needs to accommodate to the audiological environment over several sessions and lose inhibitions that might give a restricted view of his capacities.

Frequent exposure to the test situation encourages even the most reluctant child to cooperate.

Other staff members should make relevant observations of the child's behavior.

Daily exposure to tutoring enables a reliable assessment to be made of the child and some therapy benefits can be realized.

Progress the child may make is an indication of his educational potential, and of his understanding of, and ability to work in the tutoring situation. Additionally, tutoring provides corroborative evidence for the findings of the audiologist and of other staff specialists.

For example, tutoring can provide supportive evidence for psychological findings in the formal testing situation.

An while there should be control of the psychological testing environment, proximity of a psychological test area to the Nursery School enables psychological testing to be an extension of the child's play.

Besides, if the child will not come happily to a psychologist a psychologist can always go to her, and she can have a friend as an appreciative audience.

Although Nursery School may be that part of a program which mothers understand least -- it gives valuable information to the staff and important experiences to the child. Does the child play alone? Engage in parallel play? In cooperative play? How have his motor skills developed? What conceptual ability does she show?

Not only can Nursery School answer questions such as these, but it also provides an environment for observing the child's relationships with his mother and with other adults.

After adequate exposure to a program, children become acclimated and their mothers can engage in counseling sessions.

TAPED INSERT

While a program may not provide the comprehensive counseling that some mothers need, it can make a start in this area. Parents need the chance to assess the problems of the family. A program should help them find the facts to which they must make an adjustment, and lead them to talk and think constructively about matters that formal, short clinic visits rarely enable them to handle.

Parents and children do not engage in active therapy all of their waking hours -- rest and play are important life activities. The chance to observe these is rarely available in standard clinical practice. Yet, it is axiomatic that a segment of a child's behavior has significance only as it is related to other aspects of the child's behavior, including free play, peer relationships, eating, and family relationships.

When fathers are involved in a program, special sessions need to be organized for them to meet their interests, and to help them fulfill their special roles in the family. At Harmony Hall the weekend program is especially planned for fathers.

It is often very valuable to observe the family together for this gives a good indication of the family dynamics and role of the father.

Fathers should see their children in all phases of training, and have opportunities themselves to work with the child.

The presence of the fathers is an especially suitable time for the visit of a consulting pediatrician, for too often fathers have little contact with the physicians who care for their children.

The pediatrician, in addition to monitoring the child's health, can provide the parents with medical information. The questions asked too often show how little their own doctor has told parents, how afraid they have been to ask, or how poorly they have understood what they have been told.

TAPED INSERT

A program should put importance on fathers' participation. Good practice requires that both parents contribute in meeting the child's needs -- to do this parents must be able to give one another understanding support.

At Harmony Hall the counseling session on the Monday after fathers' weekend often report encouraging results.

TAPED INSERT

If wives feel isolated from their husbands because of the child, how much more isolated do they feel from the community?

TAPED INSERT

It is important that programs give mothers the chance to learn about themselves and their children -- it is disturbing just how little some mothers do know.

TAPED INSERT

Yet, the child was often the aggressor.

She also reported that her son could not walk up and down stairs by himself. Interestingly, the mother is hard-of-hearing, while her husband is deaf. Although the child has a hearing loss, lack of aural stimulation in his environment may well be a strong contributing factor to his behavior. Again one sees how important it is to make multiple observations of the parents, the child, and their relationships if one is to understand and help them. Time works to the benefit of the child in many ways in a continuing program where parents are involved.

At first, this little girl rejected her hearing aid. It seemed as if one of the camp's commonest occupations was re-inserting it.

The mother was instructed to assist. Eventually, the child wore the aid willingly.

Corroborative evidence is desired when working with small children whose behavior is quite variable. The Social Maturity interview asks whether the child can unwrap candy -- clearly the positive response given by this child's mother was true. In fact, this girl's Social Quotient was so high as to be suspect, but supporting evidence was obtained.

In the end she proved to be a very self-possessed girl who 'mothered' the younger children. She chose her playmates from among the hearing children of staff members. Her level of development and willfulness suggest a personality that can go a long way toward compensating for hearing loss. Again, we have a demonstration of the need to observe the handicapped child in many aspects of her behavior.

Early tutoring does not need to achieve significant demonstrable gains for every child -- though these would be very acceptable. What it should do is obtain estimates of the child's learning potential, to indicate what the child needs next, to introduce mothers to techniques that can be used at home, and to get the child started on, or at least ready for his long range training program.

A program, to be maximally effective, should give mothers the opportunity to have many contacts with staff. Questions should be asked as they arise; answers should be milled over and discussed again, if need be. Help should be available when important decisions are to be made and, if events are emotionally upsetting, professional counseling should be immediately available. The usual clinical setting too often cannot offer parents this considered, in-depth professional follow up -- yet it is of great importance to parents, and through them, to the child.

As this program draws to a close, there have been some remarkable developments. The boy who at first stayed in the background with his mother and other adults -- became part of a peer group, and the mother perhaps realized that she had been over-protective.

This little girl from whom one could get no positive response -- eventually became a child with whom it was possible to work.

Understanding of the hearing-handicapped child requires work with the child and parents over a time long enough to permit adaptation to the situation and emergence of typical behavior patterns.

Only after having significant experience with the child are valid conclusions and appropriate recommendations possible. These require the exchange of information and viewpoints among the specialists who have worked with the child and parents, and exchange that is probably best conducted in staff conference.

TAPED INSERT: (STAFF)

But conclusions and recommendations are useless unless meaningfully communicated to those who must act on them, and unless follow-up is done.

Whatever recommendations are appropriate -- it is desirable that the child and parents return to their Referring Clinic for a program of continued follow-up and putting into effect the program appropriate for the child.

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APPENDIX B

ANNOUNCER SCRIPT FOR THE FILM

"AUDIOLOGICAL PROCEDURES WITH

PRE-SCHOOL DEAF CHILDREN"

One of the noticeable characteristics of a group of normal children is their use of speech and hearing relative to other people.

The normal-hearing child not only hears, but as a result of his hearing develops speech and language.

This is in contrast to the hearing-impaired child who does not respond to sound either through actions or with speech.

In working with the young, hearing-impaired child, who does not have a hearing problem needing medical treatment, the audiologist must direct his attention to long range acoustic and educational habilitation. An important consideration is the amount of hearing as well as the effect of amplification and...the child's ability to use the hearing that he has.

Information about amount of hearing, and benefits from amplification are important guidelines for the development of speech and language in the hearing-handicapped child. An accurate etiological statement is of little value unless followed by estimates of present and future functional levels.

There are different ways, contexts, and environments in which audiological information can be obtained. This film was made at a residential camp for young hearing-impaired children and their parents. It will show the audiological procedures that are used there, but it also is intended to show factors involved in the assessment of the functional hearing ability of young children.

In this film we will not be concerned with those children whose problem is that of simple peripheral deafness, but will consider children whose failure to develop speech and language is complicated by factors in addition to peripheral hearing impairment.

The material for this film was taken from the activities at this two week summer camp, operated by the Pennsylvania Society for Crippled Children and Adults.

Twenty hearing-impaired children and their mothers are enrolled each year from throughout the State. These children have been examined previously at audiological and otological clinics and selected for camp attendance.

The camp site provides residential facilities for children and their parents.

An important consideration for good audiological work with children is the opportunity to see and work with the child and parent in a variety of contexts.

These include dining room activities...

...recreation and play with other children and adults...
...free playtime in the outdoor facilities...
...medical supervision and consultation...
...formal hearing testing...
...speech, language, and hearing tutoring by specialists in deaf education...
...and a nursery school program offering opportunities for controlled observation of free play, social interaction and functional communication.

Related psychological activities should include formal and informal testing, and a strong emphasis on parent counseling by clinical psychologists.

A further aspect of parent work is the series of evening instructional and informational meetings between parents and staff.

In order to demonstrate aspects of audiological assessment of young hearing-impaired children we will concentrate on... Donnie, Richard, and Bradley. Each has some degree of hearing loss, but a different pattern of related factors and different abilities to use residual hearing.

Donnie is 5 years and 9 months old. He was born 2 1/2 months premature. Quinine had been taken as an

aborting agent. Birth weight was 2 pounds, 9 ounces. At age 2 1/2, he weighed only 12 pounds, and was suffering from malnutrition, pneumonia, and infection of both ears.

He was adopted by a mother with children of her own who was fully aware of the case history. The Referring Clinic advised that Donnie was active, cooperative when his interest was aroused, highly distractable and of limited attention span.

During each test session his responses became less reliable as the session progressed but his overall level of cooperation improved with each test session. There obviously existed the possibility of mental retardation, of emotional disturbance, of central impairment -- or any combination of these.

Such children are characteristically difficult to test -- and Donnie was no exception. While there was much frustrating behavior from the audiologist's viewpoint, testing over two weeks produced much clearer information. Because we were able to test him frequently, even though for only short periods of time, it was possible to build an integrated, composite picture of his hearing ability.

Initially, a general impression of the child's response was desired. Noisemakers were used in a semi-controlled situation.

This instructured response indicated that something was heard. His previous lack of response indicates only that he did not respond and not necessarily that he could not hear.

A valid response even if not repeated everytime is evidence of the capacity to hear. Sometimes the response will be fleeting.....but nonetheless, clear.

It should be pointed out that all of these noisemakers have been calibrated and sound pressure levels measured from various points in the test area.

Responses obtained when there are competitive stimuli lead to inferences about hearing. The child's behavior may be indicative of motor and conceptual skills, which can also be observed during formal psychological testing.

This should be an integral part of audiological practice. While Donnie's test scores were well below average for his age, his failures seemed to stem from early environmental deprivation. Nevertheless, he did well with higher order abstract and conceptual tasks. The psychologists saw a child who had made remarkable progress after so traumatic a start in his life -- but who still had a long way to go. From the present testing it appears there is a greater central nervous system intactness than seemed possible from Donnie's case history.

While unconditioned responses are informative, a child must be taught controlled responses to specific stimuli, if detailed audiometric information is to be obtained.

A stimulus is presented both auditorily and visually -- the required response is demonstrated.

The hearing-impaired child should quickly learn what is expected of him. When conditioning is established, it will be possible to obtain meaningful responses in pure tones.

Throughout his time at camp, Donnie constantly showed a desire to impose his will on the environment. This was not merely perseverative behavior, but seemed to be a normal understanding and enjoyment of order and relationship that was an encouraging sign of basic intactness.

With conditioning apparently established, pure tone responses were now possible. Donnie was introduced to the new stimulus and every effort was made to keep him motivated. If Donnie was interested in a particular toy, it <u>was highly</u> desirable to try to use it.

Donnie clearly wanted to play with the peg board and the audiologist took the cue.

What happened next is not easy to explain. Donnie had previously shown the capacity to hear sounds of similar frequency, and the failure of this sharp stimulus of well over 100 decibels to provoke evidence of unpleasantness suggests some neurological dysfunction, and it is one of the many audiological observations that makes a complete description possible.

Further testing is needed.

When tones of decreasing intensity are presented, and the child is making responses in which the audiologist has faith, non-responses become significant. A response at 70 decibels, a non-response at 60 decibels, and another response to the 70 decibel tone probably is indicative of Donnie's threshold.

An so gradually, by gross testing, by conditioning and by pure tone testing, a statement can be made about a child's acuity. There are, however, still other observations that the audiologist must make if he is to understand the child: these include auditory retention, effect of amplification, auditory discrimination and the concept of communication.

In Donnie's case auditory retention was good. To imitate the sound of a noisemaker requires, first, that the sound be heard and, second, that there exists an internal representation of the sound.

Donnie responded well to amplification.

He had the ability to discriminate between sounds.

Does the child understand the communicative nature of language? This question is often easily answered by observing family interaction.

If the audiologist has obtained valid information in these areas, the tutoring program has a valid premise for beginning therapy. That is, a basic purpose of audiological testing is to describe the specific auditory functioning of the child in order that follow-up training may build on his abilities and remedy his inadequacies.

How, then, do we assess Donnie?

First, he has a severe sensori-neural loss -- 60-70 decibels through the speech range, somewhat assisted by amplification. Secondly, while there is evidence to support a diagnosis of some central impairment, it is much more important to recognize that he has a peripheral hearing loss of handicapping degree...
...and that he has demonstrated behavior that can make a positive contribution to his development.

He can make conceptual judgments, has adequate hand-eye coordination, and adequate motor control.... ...he can use what hearing he has, and he has the capacity to comprehend.

It is these aspects of his behavior which have to be developed if Donnie is to achieve a significant proportion of his potential. Essentially, Donnie should be viewed as a peripherally deaf child.

Richard is 6 years 4 months old. He was a normal-hearing child developing language appropriately until a very severe attack of measles with a high fever left him with impaired hearing at the age of seventeen months.

Such speech as he now has is largely unintelligible. He has a mild to moderate hearing loss which is helped by an... ear level aid which he has been wearing for two years.

Richard is reported to be a reserved child, anxious to please, who understands the test situation and is able to make conditioned responses. The Referring Clinic suggests some mental retardation. Because Richard normally wears a hearing-aid and is more successful with it, it was not inappropriate to first assess aided, rather than unaided responses.

It was clear that with his aid, Richard had only a mild hearing loss. How well than did he understand the speech that he could hear? There was information concerning this problem from his behavior in tutoring.

Richard, obviously understands speech.

His unaided responses confirmed the impression of hearing, useable for speech understanding.

Richard should, in fact, be able to hear speech without his aid, and he demonstrated that he could understand speech without lip-reading and without his aid.

With so cooperative a child, there was no difficulty in getting a complete pure tone threshold test. The audiogram indicated an average loss of 35 decibels through the speech range. By this time we see that Richard is a more relaxed child than was first seen,

indicating the importance of helping children adjust to the test situation.

His imitation of the audiologist's gestures was interesting in a boy who, as yet, in his training program had not imitated speech sounds.

How much intelligible speech did he have?

Apparently not nearly as much as his hearing acuity would allow.

He had limited ability to discriminate between sounds.

In fact, he could not discriminate between sounds which were markedly different.

Eventually Richard demonstrated his full speech competence as he became more acclimated to the situation.

Why has Richard not developed even more intelligible speech? With a loss no greater than 35 decibels largely corrected by a hearing-aid which had been worn for sometime, he hears and understands speech. He is mildly mentally retarded, but certainly educable. The trauma of hearing loss following measles...
...and his mother's protectiveness might have produced some emotional factors.

The pediatrician found a left ankle clonus and some hyper-active reflexes...
...suggestive of marginal neurological dysfunction.

Richard's lack of language skill may be attributed to the co-existence of several factors, none in themselves enough to inhibit language development, but in combination, presumably sufficient.

With children such as Donnie and Richard, the observations should be discussed and integrated in staff conference to arrive at final impressions and recommendations.

In observing the next child we will center on segments of the staff conference.

In the audiology test situation Bradley showed some of the behavior reported by the Referring Clinic; that is a minimal hearing loss, hyper-activity, and suggestion of emotional disturbance or some central involvement.

We noted sharp responses to sound in the presence of a competing stimulus. This is indicative of considerable acuity; this was confirmed by a good, localized response to the light ringing of a small bell in the tutoring session during the time I observed him there.

We were able to condition Bradley and he corrected himself after responding without a stimulus being presented -- justifying some faith, in his responses.

His overflow tongue movement was strange and I thought that it might be indicative of some central impairment.

Everything suggests to me that Bradley has some understanding of speech.

But there is obviously not complete comprehension -- perhaps only simple or common concepts are understood. But there was inconsistency.

I saw this during his tutoring.

Our threshold tests show hearing adequate for the development of speech and language. But the threshold estimate was somewhat poorer than Bradley's hearing acuity, as demonstrated in other situations.

The question now is, "What sort of speech has Bradley developed?"

Good, clear sounds -- and acceptable performance with more difficult words, but only on demand. He is almost entirely echolalic. There is little spontaneous speech.

Bradley is a challenging child to make statements about. He has, at most, a mild hearing loss.

He hears speech and the quality of the words that he speaks is strong confirmation of this.

On the other hand, there is obviously incomplete understanding of what he hears, and most of what he says is imitative.

His intelligence and social quotients are average.

As I watched him in the dining room, his relationships with his mother, other adults, and his peers do not support an impression of emotional disturbance. But we can say for certain that he has a communication deficiency...
...and that some causes, including significant hearing loss can be ruled out. There may be some marginal neurological dysfunction...
...for which, other than the communication deficiency, there is no evidence.

Children like Bradley are often labeled aphasic and put into special classes at schools for the deaf where they are too often treated like deaf children. We must be very careful when we prepare our reports to describe Bradley's special problem and to give concrete advice for his educational therapy.

We have seen three children, who have not developed speech and language normally. They are children about whom it is not prudent to make unequivocal diagnosis -- no matter how tempting. That is in part, why they were chosen. Even though they all have other associated problems, they all have varying degrees of hearing impairment.

Audiologists measured their hearing level and other hearing functions. They also, in association with other specialists, observed aspects of their behavior that affect the ability to develop communication skills, and form a basis for statements that are relevant to the steps that must be taken to ensure the optimum development of each child.

APPENDIX C

FILM EVALUATION SHEET

FILM EVALUATION

(Film produced by Penn State under a grant from U.S. Office Ed. A provision for showing is that this evaluation will be completed by each viewer, and returned to Speech-Hearing Clinic, Sparks Building, University Park, Pennsylvania, 16802)

Check those statements which express your opinion, or give the requested information.

1. Film you viewed:
   ___Principles of Parent-Child Programs for the Pre-School Hearing-Impaired
   ___Audiological Procedures with Pre-School Deaf Children
   ___Psychological Testing and Parent Counseling with Pre-School Deaf
   ___Nursery School for Pre-School Hearing Impaired Children
   ___Tutoring Activities for Young Hearing Impaired Children

2. This film:
   ___a. Contributes little if anything to understanding of the field
   ___b. Makes some contribution to understanding of the field
   ___c. Makes a substantial contribution to understanding of the field

3. This film is:
   ___a. Best considered an adjunct to a formal presentation by a speaker in the areas and principles shown
   ___b. As good as, if not better than, seeing the same kind of program and procedures live in their real setting
   ___c. Not worth showing

4. I rate this film as:
   ___a. Excellent ___b. Good ___c. Fair ___d. Poor

5. This film (check each category):

   ___a. Was interesting
   ___b. Was uninteresting
   ___c. Was of medium interest

   ___a. Presented ideas too rapidly
   ___b. Presented ideas too slowly
   ___c. Was paced about right

   ___a. Did not go deeply enough into the subject
   ___b. Went too deeply into the subject
   ___c. Was about right as to technical aspects

6. The film is best suited for:
   ___a. Advanced students
   ___b. Intermediate students
   ___c. Beginning students
   ___d. Persons already engaged in practice in the field
   ___e. Laymen
   ___f. Others_____

7. I am in the field of:

   ___a. Deaf education
   ___b. Nursery School
   ___c. Audiology
   ___d. Psychology
   ___e. Speech-hearing
   ___f. Nursing
   ___g. Volunteer agency
   ___h. ENT
   ___i. Pediatrics
   ___j. Neurology
   ___k. General Medical
   ___l. Other (_____)

8. I am:

   ___a. Parent of a deaf child
   ___b. Interested layman
   ___c. Teacher of college students
   ___d. Student
   ___e. Physician
   ___f. Therapist
   ___g. Nurse
   ___h. Teacher of Children
   ___i. Other_____

9. I am:
   ___a. Near the beginning of my professional training (degree sought_____)
   ___b. Near the middle of my professional training (degree sought_____)
   ___c. Near the end of my professional training (degree sought_____)
   ___d. Practitioner in my field (degree held_____)

10. As a teacher I feel this film is:
    ___a. Very useful
    ___b. So-so
    ___c. Of no value to my students

11. Please write any other comment to describe your evaluation of the film, or its usefulness for teaching or program development (Use back of sheet if necessary)